


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90036 026 \*\*\*\*61.25

**DOCUMENT # N06000007356**

1. Entity Name  
 THE DAISY O. YOUNG SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business  
 1750 HILLGATE CT  
 TALLAHASSEE, FL 32308

Mailing Address  
 PO BOX 180416  
 TALLAHASSEE, FL 32318

**DO NOT WRITE IN THIS SPACE**

40000000



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>90-0359027</b> NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

PRIDE, LUCY H  
 3191 CONNECTOR DRIVE  
 TALLAHASSEE, FL 32303

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lucy Pride, President DATE 4-18-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIDE, LUCY H 3191 CONNECTOR DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLIS, ROSCOE L 3017 FAIRVIEW DRIVE TALLAHASSEE, FL 323016903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUCE, GUSSIE 2425 BRUCE LANE TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, MARJORIE 1750 HILLGATE CT TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lucy Pride DATE 4/18/08 DAYTIME PHONE # 850-697-0408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR